



Docket No.: PF-0519-1 CPA

*JA  
HAPZ*

Response Under 37 C.F.R. 1.116 - Expedited Procedure  
Examining Group 1642

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:  
**Mail Stop: AF**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 10, 2004  
By:  Printed: Jeannie G. Labra

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Hillman et al.

Title: HUMAN APOPTOSIS ASSOCIATED PROTEINS

Serial No.: 09/471,749 Filing Date: December 23, 1999

Examiner: Harris, A. Group Art Unit: 1642

**Mail Stop: AF**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL FEE SHEET**

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard; and
2. Notice of Appeal (1 pg.).

The fee has been calculated as follows:

Fee for filing Notice of Appeal under 37 C.F.R. § 1.17(b): \$ 330.00  
 Please charge Deposit Account No. **09-0108** the amount of: \$ 330.00

The Commissioner is hereby authorized to charge any additional fees required under 37 C.F.R. §§ 1.16 and 1.17, or credit overpayment to Deposit Account No. **09-0108**. **A duplicate copy of this sheet is enclosed.**

Respectfully submitted,

INCYTE CORPORATION

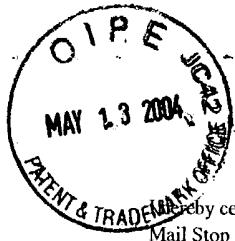
  
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES**

In re Application of: Hillman et al.

Title: **HUMAN APOPTOSIS ASSOCIATED PROTEINS**

Serial No.: **09/471,749** Filing Date: **December 23, 1999**

Examiner: **Harris, A.** Group Art Unit: **1642**

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Commissioner for Patents  
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Alexandria, VA 22313-1450

**NOTICE OF APPEAL FROM THE EXAMINER TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Sir:

Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the decision dated February 12, 2004, of the Examiner's rejection of Claim(s) 21, 22, 27, 28 and 43.

Please charge the Appeal fee of **\$330.00** required under 37 C.F.R. § 1.17(b) to Deposit Account No. **09-0108**. The Commissioner is hereby authorized to charge any additional fees which may be required or credit any overpayments to Deposit Account No. **09-0108**.

Respectfully submitted,

INCYTE CORPORATION

  
\_\_\_\_\_  
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